

NH EMS MEDICAL CONTROL BOARD

**NH Fire Academy
222 Sheep Davis Road
Concord, NH**

MINUTES OF MEETING NOVEMBER 21, 2002

Members Present: Donavon Albertson, MD; Chris Fore, MD; Frank Hubbell, DO;
Jeffrey Johnson, MD; Patrick Lanzetta, MD;
Joseph Mastromarino, MD; Douglas McVicar, MD;
Suzanne Prentiss; Joseph Sabato, MD; John Sutton, MD;
Mary Valvano, MD; Norman Yanofsky, MD

Members Absent: Joseph Cravero, MD; James Martin, MD; William Siegart, DO

Guests: Thomas Blanchette, Jon Bouffard, Donna Clark, Jeanne Erickson,
Steve Erickson, Fred Heinrich, Janet Houston, Stephen
L'Heureux, James Lovett, MD; Sean Mitchell; Rich O'Brien; Clay
Odell, David Rivers, John Stephen, Esq.; Gary Zirpolo

Bureau Staff: Liza Burrill-Education Coordinator, Kathy Doolan-Field Services
Coordinator, Will Owen-ALS Coordinator, Fred von
Recklinghausen-Research Coordinator, William Wood-
Preparedness Coordinator

I. CALL TO ORDER

Item 1. The meeting of the NH EMS Medical Control Board was called to order
by Dr. D. McVicar at 9:04 AM at the NH Fire Academy in Concord, NH.

II. INTRODUCTION OF NEW MEMBERS

Item 1 Guests Introduced. Dr. McVicar advised that due to time constraints Dr.
Joseph Cravero does not feel he will be able to attend meetings of the Board.
However Dr. Cravero agreed to continue to serve as a resource on pediatric and
airway issues brought before the Board. He will therefore continue to be
associated with the Board in the status of Consulting Member.

Dr. McVicar advised that Dr. Mary Valvano, EMS Medical Director at Southern
NH Medical Center in Nashua agreed to join the Board. Dr. Valvano has
attended the past several meetings. The Board concurred with Dr. McVicar's
comments.

All attendees introduced themselves.

III. ACCEPTANCE OF MINUTES

Item 1. September 19, 2002 Minutes. Motion by Dr. Hubbell, second by Dr. Fore, to approve the minutes as distributed. The motion passed unanimously. Dr. Hubbell requested that meeting minutes be distributed as soon as possible after meetings so as to be able to track projects members have committed to. Chief Prentiss said the Bureau's new Executive Secretary, Wanda Botticello will be starting on 11/22/02 and will be recording, preparing and distributing minutes..

IV. DISCUSSION & ACTION PROJECTS

Item 1. Sternal Interosseous Infusion

Dr. Lovett, Emergency Department physician at LRGHealthcare in Laconia, along with D. Rivers, LRGHealthcare EMS Educator, presented information on the "Fast 1" Sternal Interosseous Infusion device. They feel that the device and associated procedures is appropriate for paramedic pre-hospital use when other patient intravenous routes were not available, and would like to begin using it in their catchment.

Mr. Rivers displayed a sample of the device and the Board viewed a short instructional videotape on its use.

Dr. Sutton suggested the need for more in-hospital trials prior to using in pre-hospital settings.

Dr. Hubbell said there was wide spread use of sternal IO therapy in the military. He volunteered to survey the military literature concerning the use of this modality, and report back to the Board.

Dr. McVicar commented that additional literature searches on the technique and equipment would be beneficial.

Dr. Fore volunteered to perform a literature search. Dr. Johnson noted that St. Johnsbury, VT paramedics employ the sternal I/O modality. He will contact them for input on their current use of this device.

Dr. McVicar and Dr. Albertson noted that changes to the *Local Option* Protocols would be needed in order for this device to be employed. Dr. Albertson reminded the Board that they traditionally do not endorse specific commercial products.

Board members concurred that there is interest in further research on this item. There will be further discussion and a decision made at the January meeting.

Item 2. DHART/911 Trauma Response. D. Clark, Director of the Dartmouth-Hitchcock Air Response Team (DHART), provided follow-up to the Board on the research project with Monadnock Community Hospital in Peterborough approved at the September 19th meeting.

At the NH Ambulance Association meeting she attended the evening following the Board meeting, members of the Association expressed significant concerns as to the proposed project. Based on those comments, she was very uncomfortable with proceeding on the research project.

Board members advised the following:

*Dr. Yanofsky recommended that the project be continued

*Dr. Fore expressed interest for possible use in the greater Concord area

*Dr. Sutton noted that the study will provide useful information only if the protocols used are clear, and appropriate methodology, perhaps including controls, is employed.

*Dr. McVicar stressed the importance of early and frequent consultation of concerned members of the NH Ambulance Association, and other stakeholders.

*S. Prentiss noted that the Ambulance Association and many other stakeholders are represented on the EMS Coordinating Board.

S. L'Heureux, EMD Quality Supervisor for the NH Bureau of Emergency Communications (NHBECE) (911), commented that there had been concerns expressed by personnel in the local dispatch centers which would be participating in the research project.

No further action was taken by the Board. Dr. McVicar will coordinate the direction of the project with Chief Prentiss, and report back in January.

Item 3. NH E-911/EMD Report. S. L'Heureux advised that the Bureau's EMD quality assurance reviews continue to show a 90% compliance rate.

EMD in-services continue weekly around the state, by request.

Dr. Johnson suggested that use of 9-1-1 produced maps could assist local hospital emergency departments with coordinating local catchment area EMS needs. S. L'Heureux noted that the NHBECE's Mapping Department is available to assist communities in developing this resource.

Item 4. Protocols Rollout Procedures. Dr. Albertson noted that the 2003 edition of the maximum menu *Local Option* Protocols has been completed.

The final wording of Protocol 4.8, Spinal Assessment, was approved.

Dr. Hubbell advised he is supplying an all-hazards handout for inclusion in the new document appendix. Dr. Hubbell and Dr. Albertson said they would work on a cover sheet for the handouts.

Dr. Hubbell also urged that work continue on moving toward statewide protocols.

Dr. McVicar noted that future protocols work could be a project for the ALS Task Force when it is reinstituted.

Dr. Albertson inquired as to the appropriate formats for the 2003 edition of the Protocols. Most members and guests who commented reported that they found the Microsoft Word version most useful. W. Owen, the Bureau's ALS

Coordinator, advised that he is working with Division of Fire Standards and Training technology staff to develop an appropriate stable and user friendly format.

Item 4. Future Directions for the EMT-I Level of Care. Dr. Johnson thanked Dr. Jim Martin, Liza Burrill, Gary Zirpolo and Jeff Stewart for their efforts in meeting to begin discussion on this important topic.

From the group's initial meeting, the following items were agreed upon:

- *a current need for EMT-Intermediate level care in New Hampshire
- *recent EMT-I survey did not entirely address the Bureau's information needs
- *need for consideration of scope of education as well as scope of practice for EMT-I's
- *need for further research on specific EMT-I procedures that would be most beneficial to NH communities.
- *need for additional information on how other states are implementing the 1999 US DOT EMT-I curriculum
- *possible need for a second EMT-I survey to be answer questions not addressed by the first EMT-I survey.
- *discussions will be needed regarding funding levels for any recommended EMT-I programs

L. Burrill, EMS Bureau Educational Coordinator, advised that the 1985 US DOT EMT-I Curriculum has 64 hours of didactic material plus clinical time which averages approximately 150 hours. The 1999 US DOT EMT-I Curriculum is 300-400 hours which includes didactic and clinical skills components.

She also noted that four states have adopted the 1999 Curriculum in its entirety. Several other states continue to utilize the 1985 Curriculum with modular additions of components from the 1999 Curriculum. The next step in the process will be to review continued use of the 1985 Curriculum and consider what portions of the 1999 Curriculum might be appropriate to add.

Dr. Johnson recommended that further consideration be given to the scope of EMT-I practice desired in New Hampshire.

Dr. Yanofsky suggested that the Vermont EMS EMT-Intermediate curriculum be reviewed as they recently incorporated portions of the 1999 Curriculum into their program.

Dr. Lanzetta cautioned that increased EMT-I clinical skills/time will strain the clinical resources currently available in New Hampshire.

Item 5. Paramedic Educational Program Accreditation. Dr. McVicar outlined the history of this issue. A legal opinion obtained by the Board states that the EMS Statute provides the Commissioner of Safety with the authority to establish rules on program accreditation requirements. The Board was asked by the previous Director for an advisory opinion concerning the impact of accreditation on the quality of patient care. That recommendation will now go to Director Rick Mason. If Director Mason decides to go forward, he will present a draft rule to the Commissioner of Safety. Details of the proposed rule could include provisions

for phase-in, grandfathering, and whether the rule would apply only to training programs or to the future licensing of new graduates.

Dr. Lanzetta has been studying this issue. He recommended that the CoAEMSP accreditation process be considered for use in the New Hampshire paramedic education system. He advised that this particular program appears to be widely utilized throughout the country. Implementation for current programs could be over a 3-4 year period. Potential accreditation costs \$4,000 - \$ 8,000.

Dr. Hubbell concurred with use of the above program but noted that the accreditation process is expensive for agencies to implement.

Motion by Dr. Lanzetta, second by Dr. Hubbell, that Chief Prentiss and Dr. McVicar develop a memorandum to Director R. Mason requesting that a nationally recognized EMS accreditation process be required of paramedic education programs in New Hampshire. The motion passed unanimously.

V. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

Item 1. Trauma Medical Review Committee. Dr. Sutton noted that the second annual trauma conference meeting was held again in Meredith. Approximately 90 attended including pre-hospital and nursing personnel.

Dr. Sutton noted he is looking forward to working with Fred von Recklinghausen, the Bureau's new Research Coordinator, on the development of evaluation and monitoring capabilities for the Trauma System.

The Trauma Coordinator's position remains vacant.

Item 2. Bureau of EMS Report. Chief Prentiss and Dr. Mastromarino presented Dr. Albertson with the "David J. Connor Memorial EMS Appreciation Award" which had been announced at the North Country EMS Conference in Bartlett in October.

Dr. Albertson expressed his appreciation and said he was honored to be selected for this award. He noted the cooperation of so many people in so many different roles is essential to maintain an effective EMS system.

Assistant Commissioner of Safety J. Stephen advised that he is back on the job fulltime and noted the following:

- *the dedicated fire/EMS fund is close to \$5 million dollars
- *emphasis continues on providing regional training programs and resources
- *plans underway for a new state Emergency Operations Center and Office of Emergency Management building
- *New Hampshire is currently developing a model for regional Emergency Management operations
- *any proposed changes to the EMS statute should be submitted as soon as possible

Chief Prentiss updated the Board with the following information:

- *Director Rick Mason's wife is progressing well with her cancer treatment

- *the Bureau will be receiving new cars after January 1st
- *overview of the various EMS awards presented at the October North Country EMS conference
- *the annual Trauma Conference was held in Meredith and was well attended with an emphasis on disaster preparedness
- *Doug Wolfberg, Esq. provided a morning session on the recently released Health Insurance Portability and Accountability Act (HIPAA) rules. The session was co-sponsored by the NH Association of Fire Chiefs, Rural Health Association, NH Ambulance Association and the NH Association of EMT's.
- *Rural Automated External Defibrillator (AED) grant for \$ 245,724 has been received with approximately 115 AED's to be ordered. The intent is to provide AEDs to rural responders (police, fire and/or EMS) as well as public access sites. The North Country Health Consortium will coordinate the necessary equipment. Regional EMS Councils will determine AED placement priorities.
- *Bureau reorganization is nearly complete. The interview process for the vacant Trauma Coordinator's position is being restarted. Presentations by each of the Bureau's new Section Coordinators will be given at the working lunch to update the boards on each section.
- *Kim Mattil, former Bureau Executive Secretary, has begun her new duties as an Educational Specialist in the Southern NH Field Office in Wilton
- *Diane Bunnell, former Secretary, in the Northern NH Field Office in Berlin has begun her duties as the Educational Specialist in that location
- *Wanda Botticello, former Fire Academy secretary, assumes the Bureau's Executive Secretary position tomorrow
- *Suggestion made that the Board consider including a pediatrician on the Board's membership

Item 3. ACEP Report. Dr. Sabato commented that the NH Chapter of the American College of Emergency Physicians will be hosting a meeting in Manchester on November 22nd. Continuing education will be provided at Elliot Hospital.

ACEP has received federal grant funding to conduct an elderly safe driving Program.

Item 4. All Airway Curriculum Project. W. Owen advised he is reviewing material regarding this project and requested clarification as to the appropriate EMS provider level the blind insertion devices curriculum should be addressed to. Members of the Board advised that the devices would be available through *local option* to EMT-Basic, EMT-Intermediates and EMT-Paramedics. Dr. Sabato and Dr. Fore offered to assist in the finalization of this project. Dr. Fore is interested in the idea of replacing EOA with LMA at the EMT-Basic level.

Item 5. HIPAA Compliance. Dr. Fore has reviewed the handouts provided at the HIPAA Workshop presented by Doug Wolfberg in Meredith on November 6. Dr. Fore urged that copies be distributed to the members of the Board.

Dr. Fore provided the following overview of the new regulations:

- *Hospitals must establish security procedures for EMS patient care records
- *protected health information must be closely regulated so as to ensure patient confidentiality

- *individuals with direct involvement in a patient's care are entitled to view the information
- *billing agencies are allowed minimal appropriate information for billing purposes
- *operations undertaken such as quality assurance, audits, etc. must have individual patient identifiers removed to protect the privacy of the patient
- *patient care-related records must be maintained for seven years. A patient is entitled to reasonable access to a log of any releases of his/her record.
- *authorized patient records release would include for treatment, quality assurance, billing or law enforcement subpoenas
- *unauthorized release would be for selling to medical identification companies
- *patient can request his/her medical record be amended with an appropriate log entry made
- *EMS agencies must indicate those agencies who would have authorized access to the record
- *EMS agencies should establish a Privacy Officer position to coordinate tracking on how/where patient care records are used
- *HIPAA compliance is being tied to Medicare reimbursement

Question raised as to the process necessary for Medical Resource Hospitals to provide quality assurance sessions. Guidance from the Department's legal staff possibly would be helpful

The Board would like to have a detailed presentation of the new HIPAA regulations during the "working lunch" session at the next meeting on January 16, 2003.

Item 6. Intersections Initiative. Dr. Sabato reported that at the October North Country EMS Conference a presentation on the EMS - Public Health Intersections Collaborative was done. A survey was distributed to participants to learn more about EMS providers perceptions of public health.

Efforts continue to develop lines of communication between public health, EMS and public safety agencies. The next meeting of the Intersections Collaborative is scheduled for December 5, 2002 and the group's web site should be on line in January 2003. Contact information on the group's projects is available through the EMS Bureau.

Item 7. New Vehicle Construction/Provider Hazards Course. Dr. Hubbell provided an update. Excellent evaluations continue to be received from participants in the various courses. Unfortunately individual sessions are not well enough attended. Two courses that were previously cancelled due to lack of preregistrations will be offered again after January 1st.

Item 8. Statewide EMS Conference Highlights. Dr. Sabato presented a compact summary of key information from the North Country EMS Conference. The EMS roundtable session had a very limited number of participants. Items of concern included:

- *financial impact of EMS Medical Control Board decisions on local EMS Units
- *issues of inadequate reimbursement for ambulance services
- *on-going discussion with the NH Department of Health & Human Services

to implement a realistic Medicaid reimbursement rate (In a typical example brought to the boards attention, Medicare paid over twice as much as Medicaid for the same run.)

Item 8. Other Items of Interest.

Dr. Johnson requested assistance in addressing the problem of EMS resources being committed to unattended death/fatality scenes. Incidents are occurring where EMS agencies are held at scenes until the appropriate medical legal agencies have conducted the necessary scene investigations.

Board members noted that the Office of the Chief Medical Examiner has, in the past, developed a cadre of non-physician designees. Previously Registered Nurses and paramedics have been utilized to fill some of the positions.

Motion by Dr. Johnson, second by Dr. Sabato, that the EMS Medical Control Board endorses the use of appropriately trained non-physician personnel including paramedics to work under the direction of the Chief Medical Examiner at medical/legal scenes. Motion passed unanimously.

VI. ADJOURNMENT

The meeting was adjourned by Chairman Dr. D. McVicar at 12:28 PM.

VII. NEXT MEETING

Thursday, January 16, 2003 at 9:00 AM NH Fire Academy 222 Sheep Davis Road (Route 106-South) in Concord, NH.

Respectfully submitted,

Suzanne M. Prentiss, Executive Secretary

Prepared by: William H. Wood, Preparedness Coordinator
Will Owen, ALS Coordinator